



DOCKET NO. B0801.70255US01

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

POLYSACCHARIDE VACCINE FOR STAPHYLOCOCCAL INFECTIONS

the specification of which:

☐ is attached hereto;

☒ was filed on November 12, 2003, as Application No. 10/713,790, bearing attorney docket No. B0801.70255US01, and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

60/425,425
(Application Number)

November 12, 2002
(filing date)

The undersigned hereby appoints the following attorney(s) and/or agent(s) to prosecute this application and all related divisional, continuing, substitute, renewal, reissue, re-exam, and to conduct all business in the Patent and Trademark Office connected therewith:

☒ *Practitioners at Customer Number:*

23628

AND

☐ *Practitioner(s) named below:*

Name	Registration Number

☒ *Direct all correspondence to the above-mentioned customer number*

OR

☐ Correspondence address below:

ATTORNEY'S NAME					
FIRM NAME					
ADDRESS					
CITY		STATE		ZIP	
COUNTRY		TELEPHONE		FA	

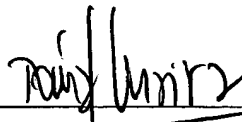
Address all telephone calls to Maria A. Trevisan at telephone no. (617) 720-3500.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's signature

Full name of first or joint inventor: Gerald B. Pier
Citizenship: United States
Residence: 21 Thorndike Street, Brookline, MA 02446
Post Office Address: 21 Thorndike Street, Brookline, MA 02446





Inventor's signature

Full name of second joint inventor: Tomás Maira-Litran
Citizenship: Spain
Residence: 11 Littell Road, Brookline, MA 02446
Post Office Address: 11 Littell Road, Brookline, MA 02446